

471-000-108 Instructions for Completing Form MILTC-4C. "Service Provider Notification"

Use: Form MILTC-4C is used by the worker to notify a provider that payment for services will be terminated before the end of the service authorization through date on Form MILTC-4B, "Notice and Authorization for PAS."

Completion: Form MILTC-4C is completed by the worker and mailed to the provider before the effective date of the termination.

In the upper left corner, the worker enters the date the form is completed.

Enter the name and address of the provider.

Paragraph one: The worker enters the date of termination (e.g., May 10, 2004), the name of the service(s), and the name of the client.

Paragraph two: The worker enters the same date as in paragraph one.

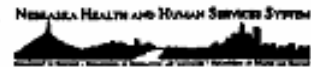
Signature: The worker signs his/her name and enters the local office address and telephone number.

Distribution: Form MILTC-4C is a one-page form with copies distributed as follows:

1. White copy to the provider; and
2. Yellow and pink copy retained by the local office.

Retention: A copy of Form MILTC-4C is retained in the local office provider file for four years. A copy of Form MILTC-4C is retained in the local office client file for four years.

PROVIDER SERVICES NOTIFICATION
Nebraska Department of Health and Human Services



_____ Local Office
_____ Nebraska
_____ Date

This is to notify you that effective _____ we will no longer reimburse
(Date of Termination)

you for the _____ service(s) you have been providing for
(Name of Service or Services)

(Client's Name)

If you continue providing services for the above named individual(s) after _____
(Same Date as Above)

they will be responsible for payment unless you receive a new authorization from this office.

If you have any questions concerning this notice, please feel free to contact me.

Sincerely,

Social Worker _____

Address _____

Telephone _____

